

# SHARE

STATE OF NEW MEXICO  
DEPARTMENT OF FINANCE AND ADMINISTRATION

## Warrant/Voucher Information Sheet

1359

VENDOR # [REDACTED]

DATE 11/30/2012

Payee

\$ 570 00



Fund / Agency

000 66500

Document Number

AP 00316530

B4R

COD3

B4RCOD3

State of New Mexico  
 Voucher Batch Report  
 Business Unit 66500 Department of Health  
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/CD  
 As of Date 11/20/2012

Voucher Number	Vchr Line	VchrLineDescr	Disbur Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
			Line#	Description			WithHold	Year	Month		
00316530	1	IS Meals & Lodging	1	542200 Employee I/S Meals & L	06101	MCGRATH BR 001		2013	11	0000095399 McGrath B 11 1	570 00
										Total For Voucher	570 00

CD Audit Bureau  
*[Signature]*

CD

FINANCIAL CONTROL

2013 11 20

CD

NAME DEPARTMENT OF HEALTH

ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE 1	DATE 11/13/2012
AGENCY CODE 66500	VOUCHER NUMBER 00316530

NAME		CAR LICENSE NUMBER	POST OF DUTY		PROPOSED (ADVANCE VOUCHER)	
VENDOR NUMBER		MODEL	RESIDENCE		ACTUAL (RECOUPMENT VOUCHER)	
REG WORK DAY		YEAR				
DATE	TIME SHOW AM OR PM	CHARACTER OF EXPENDITURES		ODOMETER/MAP MILES	AMOUNTS	
	DEPARTURE	ARRIVAL	ENTER DESTINATION NATURE OF OFFICIAL BUSINESS PARTY CONTACTED AND MISCELLANEOUS INFORMATION	ENTER START & FINISH	NO OF MILES	MILEAGE PER DIEM MISCELLANEOUS AMOUNTS
11/13/2012 ✓	7 00am		Depart Roswell to Santa Fe to meet with Governor's office and DOH staff Overnight Santa Fe rates apply		0	0 00 0 00 S 135 00 ✓
11/14/2012 ✓			Overnight Santa Fe rates apply			0 00 S 135 00 ✓
11/15/2012 ✓			Overnight Santa Fe rates apply			0 00 S 135 00 ✓
11/16/2012 ✓			Overnight Santa Fe rates apply			0 00 S 135 00 ✓
11/17/2012		7 00 PM	Depart Santa Fe to Roswell partial day per diem 12 0 hrs			0 00 S 30 00 ✓
				TOTALS	0	0 00 570 00 0 00 570 00
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage I further certify that no further payment will be sought for the travel/training covered by this voucher				ADVANCE AMOUNTS 50%		
APPROVED RATES				ADJUSTED REMBURSEMENT		
X	Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act			Payee SIGN HERE		
I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1 500 PER CALENDAR YEAR FOR TRAVEL SECTION 10-8 5 (f) NMSA 1978				DATE		

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**Business Unit** 66500  
**Voucher ID** 00316530  
**Voucher Style** Regular

**Invoice Number** McGrath B 11 13 11 17 12  
**Invoice Date** 11/16/2012  
**Total** 570 00

**Vendor** MCGRATH BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
SANTA FE NM 87502

**\*Pay Terms** [Pay Now](#) | [Schedule Payments](#)

## Payment Information

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**Scheduled Payment** 1

**\*Remit to**  

**Location** 001 

**\*Address** 1 

MCGRATH BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
1190 S ST FRANCIS DR SUITE N 3059  
SANTA FE NM 87502

**Gross Amount** 570 00 USD

**Discount** 0 00 USD ☐ **Discount Denied**

Late Charge

**Scheduled Due** 11/16/2012 

**Net Due** 11/16/2012

**Discount Due**

**Accounting Date**

## Payment Method

**Bank** WFB10

**Pay Group**

**\*Account** B

**\*Handling** RE

**\*Method** CHK Check

**\*Netting** N 

**Message**

[Messages](#)

Message will appear on remittance advice

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Business Unit	66500	Invoice Number	McGrath B 11 13 11 17 12
Voucher ID	00316530	Invoice Date	11/16/2012
Voucher Style	Regular	Total	570 00

**Voucher Processing**

<input checked="" type="checkbox"/> Post Voucher	<input type="checkbox"/> Close Voucher
<input checked="" type="checkbox"/> Revalue Voucher	<input type="checkbox"/> Delete Voucher

Saved

**Accounting Instructions**

*Accounting Template	STANDARD 	Account At	Gross
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**Match Action**

*Status	Ready
<input type="checkbox"/> Pay UnMatched Voucher	

**Transaction Currency**

*Source	Tables	*Currency	USD 	Rate Type	CRRNT 	Exchange Rate	1 00000000
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**Voucher Approval**

*Approval	Specify at this Level	Business Process	PROCESS_VOUCHERS 
		Approval Rule Set	Payment Approval Rule Set 1 

**Self Billing Invoice**

*SBI Num Option	Group Vouchers (Auto Nur	SBI Number	
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**Prepayment**

Prepayment Reference	<input type="checkbox"/> Automatically Apply Prepayment	<input type="checkbox"/> Postpone Withholding
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**Letter of Credit**

Letter of Credit ID	 
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**Tax Group**

